

Docket Number: EMS-00202

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PHYSICAL SCANNING OF STORAGE BASED APPARATUS FOR ANTIVIRUS

the specification of which (check one)



is attached hereto.



was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulation, § 1.56 and § 1.63(e).

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and , insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number)	Day/Month/Year Filed	Status (Patented, Pending, Abandoned)
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I hereby appoint Donald W. Muirhead, Reg. No. 33,978; Anne E. Saturnelli, Reg. No. 41,290; and David Suhl, Reg. No. 43,169; John M. Gunther, Reg. No. 26,175; Leanne J. Fitzgerald, Reg. No. 40,606; Krishnendu Gupta, Reg. No. 37,977; Penelope Wilson, Reg. No. 29,751 and Robert Dulaney, Reg. No. 28,071 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Donald W. Muirhead at telephone number (617) 951-6676. Address all correspondence to:

Patent Group  
Hutchins, Wheeler & Dittmar  
101 Federal Street  
Boston, Massachusetts USA 02110-1804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature Yoav Raz  
Full name of sole or first inventor (given name, family name) Yoav Raz  
Residence 15 Vine Street, Newton, MA 02167  
Post Office Address (include zip code) same

Date 11/15/2000 ✓  
Citizenship Israel

Inventor's signature Steven M. Blumenau  
Full name of sole or first inventor (given name, family name) Steven M. Blumenau  
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Date 11/16/2000  
Citizenship USA

Inventor's signature Michel F. Fisher  
Full name of sole or first inventor (given name, family name) Michel F. Fisher  
Residence 188 Mill Street, Natick, MA 01760  
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Date 11/16/2000  
Citizenship USA

Inventor's signature \_\_\_\_\_  
Full name of sole or first inventor (given name, family name) David C. Butchart  
Residence 1236 268th Way S.E., Sammamish, Washington 98029  
Post Office Address (include zip code) same

Date \_\_\_\_\_  
Citizenship USA

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Inventor's signature \_\_\_\_\_  
Full name of sole or first inventor (given name, family name) **Yoav Raz**  
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Post Office Address (include zip code) same

Date \_\_\_\_\_

Citizenship **Israel**

Inventor's signature \_\_\_\_\_  
Full name of sole or first inventor (given name, family name) **Steven M. Blumenau**  
Residence **170 Holly Lane, Holliston, MA 01746**  
Post Office Address (include zip code) same

Date \_\_\_\_\_

Citizenship **USA**

Inventor's signature \_\_\_\_\_  
Full name of sole or first inventor (given name, family name) **Michel F. Fisher**  
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Date \_\_\_\_\_

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Inventor's signature *David C. Butchart*  
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Date **11/13/00**

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